



Demographic Information *(to be completed by nominee)*

Committee on Accreditation Nominee _____

K-12 or IHE

K-12

- ☐ School district
- ☐ County Office of Education
- ☐ Other _____

- ☐ Teacher
- ☐ Site Administrator
- ☐ District/County Office Administrator
- ☐ Associate Superintendent
- ☐ Superintendent
- ☐ Other _____

Institution of Higher Education

- ☐ California State University
- ☐ University of California
- ☐ Private/Independent College or University

- ☐ Faculty
- ☐ Director of Teacher Education
- ☐ Associate Dean
- ☐ Dean
- ☐ Other _____

Region of California

- | | |
|--|---|
| <input type="checkbox"/> Northern California | <input type="checkbox"/> Bay Area |
| <input type="checkbox"/> Central Valley | <input type="checkbox"/> Los Angeles Area |
| <input type="checkbox"/> Inland Empire | <input type="checkbox"/> San Diego Area |

Voluntary Disclosure of Ethnicity

- | | |
|---|---|
| <input type="checkbox"/> African American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian American | <input type="checkbox"/> Pacific Islander |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Southeast Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Decline to State |

Please complete this information page and return to accreditation@ctc.ca.gov by January 22, 2016.